



Montana Food Bank Network

**TESTIMONY FROM
MINKIE MEDORA, MS, RD
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Mr. Chairman, members of the committee, my name is Minkie Medora and I am a registered dietitian and a board member of the Montana Food Bank Network. I am speaking as a proponent of HB 479.

I am here to talk about the children of Montana who need and depend on school meals for their sustenance. There are many children who are fortunate enough to have their mothers or fathers at home to make sure their children get healthy meals. In some cases, one or the other parent is not working, in others, the children are Home-schooled and are constantly under the care of at least one parent.

That is not an option for many thousands of children in Montana. Their parents have to go to work to make a living and for the family to survive. I am talking about the motel maids, the dish washers in hospitals and restaurants, the grocery store clerks, the gas station attendants, the retail store workers, the secretaries, and many, many more. For all of these working parents, jobs begin as early as 6.00 in the morning, or start late in the day and end around mid-night. Many work in places that are open 24 hours. They don't have the luxury of being home to see their child gets a good meal before leaving for school. In many cases, there is not enough food in the house, even though children are fed first.

Do the children of our hard-working poor families not deserve the same chance at their future as those who have at least one-parent at home?

Montana has **over 133,000 people** living in poverty, based on the 2005 census data. These are not just some statistical numbers. These are based on actual population surveys. The results are reported to the President each year.

MT has the highest level of poverty among all it's neighboring states in the Northwest
Poverty among children is one of the highest in the country at **20.1% - 40,385 children.**

While Montana boasts a low "Unemployment" rate, it does not bring working people out of poverty. Montana is one of 7 states that has the highest ranking for people working 2 jobs. At one time we were first in the country for number of people working 3 jobs.

The Montana Food Bank Network (MFBN) provides food to emergency feeding sites throughout the state – food banks, pantries, shelters, group homes, church feeding programs and others. Since the start of this organization, we have seen a rapid rise in hunger in the state. We currently serve 156 agencies with emergency food.

In **2000** – there were a total of over **400,000** client visits to the agencies serving emergency food, including clients who came 8-10 times in one year.

In **2004** – there were a total of over **800,000** client visits to the agencies

The number of clients who came for the first time in for food help in 2005 – was **213,000.**



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In our **studies** of food pantry clients around the state:

More than **50%** of the clients had **children under 18**

Almost half the people coming for food assistance had at least one person in the family **working**. Yet, over **80%** of families with children are living below poverty

Almost all the clients stated they had to **choose between** paying for food or paying for rent, heating bills or medical bills.

Children of the working poor families depend on access to healthy school meals. When schools are out in summer, the food pantries around the state are cleaned out by parents seeking food.

Poverty, Hunger and the link to Obesity.

There is a strong connection between hunger, poverty and obesity in children

Hunger leads to inconsistent intake of proper nutrition.

Therefore, poverty and hunger are directly related to the growing problem of overweight and obesity in children.

Increase in obesity in Montana's children leads to greater expenses for medical care by the state.

Nationwide:

- ❖ Obesity in children on Medicaid is **nearly 6 times higher** than obesity in children covered by private insurance.
- ❖ Reason: children who are uninsured or on Medicaid avoid seeking preventive health because of cost. When the problem becomes more serious, they go to the hospital, where cost of care is much higher.
- ❖ All children treated for obesity are roughly **3 times** more expensive for the health system than a non-obese child.
- ❖ The cost of treating childhood obesity among children nationwide on Medicaid is approximately **\$11 B**. The cost of treating children with private insurance is **\$3 B** in the past 8 years.

In Montana:

- Currently 22% of high school children in the state are overweight or on their way to becoming overweight.
- In 2005, the state enrollment for children in Medicaid was over 56,000, and the number for CHIP was over 12,000.
- There are roughly about 35,000 children uninsured in the state.
- A study published in 2004 showed that an estimated **\$175 million was spent in Montana** due to adult obesity-related costs. Of that number **\$48 M was for Medicaid** clients.

HB 479 – is **not intended** to solve the problem of poverty in Montana's children, but it is an ounce of prevention, which will result in many hundred pounds of cure.

Thank you.